

Employer's Guide To Child Support Laws

Employer Responsibilities

General Information

The Office of Child Support Enforcement (OCSE) has a skilled and dedicated staff who provide assistance to Arkansas families seeking the establishment of paternity, child and medical support orders and enforcement of court ordered child support obligations. Children have a right to financial, medical, and emotional support from both parents.

We, the staff of OCSE, are dedicated to improving the quality of life for children. Our efforts, combined with yours, ensure a brighter future for children. The services OCSE provides are:

- Locating noncustodial parents
- Establishing paternity for children
- Establishing orders for financial and medical support
- Collecting child support payments
- Requesting enrollment of children in noncustodial parent's health insurance policies
- Modifying present child support orders

Arkansas law requires you, the employer, to provide information about your current and former employees to OCSE upon request. Information that OCSE may request includes social security numbers, last known addresses, verification of employment, salary, availability of fringe benefits, such as health insurance and other information.

Under state law, employers have three primary responsibilities in collecting child support from their employees:

- Reporting all newly hired or re-hired employees,
- Withholding specified amounts of child support from an employees' wages, as ordered by courts, and timely submitting the withheld amount to the Arkansas Child Support Clearinghouse, and
- Enrolling an employee's child(ren) in the health insurance plan offered through your company or chosen by your employee, and withholding insurance premiums for coverage of the child(ren), if appropriate.

If you have questions about payments processed through or disbursed by the Arkansas State Disbursement Unit, contact the Employer Relations Department: 800-216-0224.

How You Are Helping:

By promoting a stable, reliable workforce: Your employees will face less stress and be better able to focus on their jobs because their children are provided consistent support.

By saving taxpayers' dollars: Child support collections reimburse public assistance spending, and because fewer children remain in poverty, lower costs for social programs, such as Medicaid and food stamps. Nearly 75 percent of all support collected on behalf of Arkansas' children is collected directly by the employers of Arkansas!

By decreasing the likelihood of fraud: New Hire reporting helps state agencies detect unemployment insurance and worker's compensation fraud.

By promoting the health of children: Every health insurance premium collected makes possible medical care to our children.

By encouraging a future skilled workforce: Providing financial stability through child support collections contributes to the education and training of a new generation of workers.

New Hire Reporting

Ark. Code Ann. § 11-10-901 and 902 established the Division of New Hire Registry within the Arkansas Employment Security Department. All employers, regardless of size, must report newly hired and returning employees. You may transmit the report by first class mail, magnetically or electronically, or in any manner authorized by the Employment Security Department for inclusion in the State Registry. Each report must include the **name, address, and social security number of the employee** and the **company name, address, and federal taxpayer identification number**. An employer has the option of submitting a copy of the IRS Form-W4, or an equivalent form, for the employee. **You may use the New Hire Reporting Form (Attachment 1) or contact the Arkansas New Hire Reporting Center listed below for other reporting options or if you have further questions.**

If you make the report by mail, the reporting date will be that of the postmark. The report must be received no later than 20 days after the date the employee is hired or, if you are transmitting reports magnetically or electronically by 2 monthly transmissions, not less than 12 days nor more than 16 days apart.

If you have employees in two or more states and you choose to transmit reports magnetically or electronically, you may comply with the reporting requirements by designating one state in which to report your newly hired or returning employees. However, the Secretary of the Department of Health and Human Services must be notified in writing of the state where you will send your reports.

Arkansas New Hire Reporting Center
P. O. Box 2540
Little Rock, AR 72203
1-800-259-2095 or 1-501-376-2125
Fax Line: 1-800-259-3562 or 1-501-376-2682
www.AR-newhire.com

Wage Withholding

Unless the court approves an alternative arrangement, state and federal law requires that child support must be paid by income withholding if the noncustodial parent is employed. When a court order/notice is received to withhold part of an employee's wages to satisfy a child support obligation, Ark. Code Ann. § 9-14-222 mandates that the employer is bound by that order/notice until further notice by either the court or its representative.

The same law requires you, the employer, to notify the court or its representative if the employee terminates employment for any reason. Additionally, you are required to provide the last known address of the employee. Under state law, an order/notice of income withholding for child support takes priority over all other legal processes against the periodic earnings of the noncustodial parent.

Termination notices for Arkansas cases can be faxed to the Arkansas Clearinghouse Employer Relations Department at 501-683-0049.

In addition to the court ordered amount, you may deduct and retain an additional administrative fee from the employee's salary not to exceed \$2.50 for each withholding.

Once you receive an order/notice to withhold wages (see Attachment 2 for an example) for the payment of child support, you must begin withholding no later than the first pay period that occurs after 14 days following the date the notice was mailed (Ark. Code Ann. § 9-14-222). Employers may be held liable for any amount up to the amount that should have been withheld if they fail to honor the order. Employees cannot be disciplined or discharged, and you may not refuse to employ a parent, because of wage withholding for child support payments or medical insurance premiums. Violations of this provision may subject you to the contempt powers of the court and result in a fine of up to \$50 a day.

The amount of disposable income from which child support can be withheld is subject to Consumer Credit Protection Act (CCPA) limits. Payments must be forwarded as instructed in the order/notice to the payee at the address designated in the order/notice.

Child support payments, withheld in accordance with an Arkansas order, should be made at the same time the employee is paid. Payments should be forwarded to:

**Arkansas Child Support Clearinghouse
P. O. Box 8125
Little Rock, AR 72203**

If you receive a request for withholding from a person or agency other than OCSE, you will need to complete and send the Employer's Information Sheet For Setting Up A New Child Support Case (Attachment 3) along with your first payment, payment processing coupon and employer billing list.

Interstate Wage Withholding

An income withholding order/notice issued in another state shall be treated the same as an income withholding order/notice issued in Arkansas (Ark. Code Ann. § 9-17-501-507). When you receive an income withholding order/notice:

- Immediately provide a copy of the order/notice to the affected employee.
- Withhold and distribute the funds as directed in the withholding order/notice, which will specify the duration and amount of periodic current child support payments and the person or agency designated to receive payments.
- The order/notice may also provide for cash medical support stated as a sum certain.
- The order/notice may also specify periodic payments of fees and costs for a support enforcement agency, the issuing court, the custodian's attorney, and the amount of periodic payments of arrearages and interest on arrearages, stated as sums certain.

If the employee contests the withholding order/notice . . .

If the employee believes that the income withholding order/notice was issued in error or that the child support is not owed, the employee should contact the court, state agency or attorney who sent the order to you. However, the employer must begin withholding within the time frames required by law and continue until the person or entity that sent the withholding notice informs you, in writing, to stop or withhold a different amount.

Whose law applies?

If the employee questions provisions of the order, the state law of the employee's principal place of employment will apply for the following issues:

- The employer's fee for processing an income withholding order/notice,
- The maximum amount permitted to be withheld from the employee's income,
- The times within which the withholding order must be implemented,
- The priorities for withholding and allocating income withheld for multiple custodians.

The law of the issuing state governs the nature, extent, amount, and duration of current payments and other obligations of support and the payment of arrearages under the order.

With regard to arrearages, the statute of limitation under the laws of this state or of the issuing state, whichever is longer, applies.

An Arkansas employer who willfully fails to comply with an income withholding order issued by another state and received for enforcement is subject to the same penalties that may be imposed for noncompliance with an order issued in Arkansas.

Amount Of Wages Subject To Wage Withholding

Federal and State laws limit the amount of wages that are subject to withholding for child support. The maximum amounts are expressed in percentages and depend upon whether the obligated parent has remarried and is supporting a new family and if arrearages are owed that equal or exceed 12 weeks of support. Consumer Credit Protection Act (CCPA) limits are:

- A. 50% of the disposable earnings (that portion of a person's income that he/she is free to spend or invest as he/she sees fit after payment of taxes and other obligations) may be withheld if the employee is supporting a spouse or dependent child other than the spouse or child named in the court order for support.
- B. 55% of the disposable earnings may be withheld if conditions stated in "A" above apply and there are arrearages equal to 12 weeks or more.
- C. 60% of the disposable earnings may be withheld if the employee is not supporting a spouse or dependent child other than the spouse or child named in the court order for support.
- D. 65% of the disposable earnings may be withheld if the conditions stated in "C" above apply and there are arrearages equal to 12 weeks or more.

A Wage Withholding Worksheet (Attachment 4) has been provided for your convenience in computing the amount to be withheld.

Multiple Child Support Withholding Requests For One Employee

If an employee has more than one child support obligation and the employee's disposable income is not sufficient under CCPA limits to cover the total amount due for **ALL** withholding orders/notices, the amount withheld must be prorated according to the following criteria:

1. If the total to be withheld for current support alone exceeds the limits, you must prorate the withholding based on the amounts due under the order. For example, if Family A has

\$150 due in current support and Family B has \$200 due in current support, the total current support due for both is \$350. If the employee has only \$300 available for withholding, you must compute the percentage due to each family.

$\$150 \div \$350 = 43\%$ to Family A or \$129 of the \$300 available

$\$200 \div \$350 = 57\%$ to Family B or \$171 of the \$300 available

2. If the total support to be withheld for current and past due support exceeds the CCPA limits, withholding for all current support must be satisfied first. The remainder must be prorated based on the amounts due for past child support under each order.
3. A wage withholding order/notice for costs must be honored to the fullest extent only if the full amount of child support, medical support, and arrearage payments for all families have been satisfied. Apply the same formula for pro-rating if more than one order/notice to withhold for costs is received.

You may use the Amount Due to Each Family Worksheet (Attachment 5) to calculate current support, payments on arrearages due to each family, or payments for costs due to the State when the total wages available are not enough to cover the total amount to be withheld.

Termination Of Income Withholding For Child Support

Ark. Code Ann. § 9-14-240 provides a process for the termination of income withholding when there is no current or past due support owed. The law describes two methods for terminating the income withholding: the Notice method and the Affidavit method.

The Notice Method:

The notice should be delivered in person or by certified mail to the employer, the custodial parent or physical custodian, OCSE, the Arkansas Child Support Clearinghouse, and the Clerk of the Court 30 days prior to the date of termination. The notice shall contain:

- The name and address of the employee,
- The employer's name and address,
- That income withholding for child support will be terminated,
- The date and basis of the intended termination, and
- That the custodial parent or physical custodian, OCSE, and the Clerk of Court have the right to file a written objection by certified mail to the employee and the employer within 10 days.

The written objection shall state that the employee's duty is not fulfilled and the reasons for the nonfulfillment. If a written objection is filed, income withholding shall continue until an order of the court terminates the withholding. If no objection is filed, the employer may terminate the withholding on the date specified in the notice.

The Affidavit Method:

The affidavit method is used when all parties are in agreement that the income withholding should be terminated and one of the conditions set out in Ark. Code Ann. § 9-14-237 has been met.

The employee, the custodial parent or physical custodian, and OCSE shall attest to the affidavit. The affidavit shall state:

- The name and address of the custodial parent or physical custodian,
- The name and address of the employee,
- The style of the court case and the number,
- The condition of Ark. Code Ann. § 9-14-237 that has been met,
- The date of the termination,
- That there are no arrears owed, and
- That OCSE has determined that there is no debt owed to the state.

Withholding may be terminated upon receipt of the affidavit.

Withholding For Medical Insurance Premiums

Ark. Code Ann. § 9-14-516 provides that if your company offers health insurance to your employees you may receive the National Medical Support Notice (see Attachment 6 for an example) directing you to withhold an amount of money sufficient to cover the premiums of the health plan you have in effect and to forward the notice to the Health Plan Administrator within 20 business days so that the employee's children may be enrolled. The children must be enrolled immediately upon receipt of the notice without regard to any seasonal enrollment restrictions (Ark. Code Ann. § 9-14-503). The notice will contain the information necessary to complete enrollment.

The income withholding for health coverage shall apply to current and subsequent periods of employment once activated. Once enrolled, the child may not be removed from enrollment while the employee is eligible for coverage unless a court orders disenrollment or the child is enrolled with a comparable health care coverage with an effective date that is not later than the effective date of disenrollment in the other plan. If the employee terminates employment and premium payments are discontinued, notify OCSE immediately. OCSE or the other state child support agency issuing the notice must inform the employer when there is no longer a current order for medical support in effect.

An order/notice of income withholding for health insurance premiums takes priority over all other legal processes under State law against the periodic earnings of the noncustodial parent **EXCEPT** an order of income withholding for current child support. The Consumer Credit Protection Act, 15 U.S.C. § 1671 – 1677 limits (see page 5) shall apply to the combined total withheld for both child support and medical coverage. Income withholding for child support shall take priority over the deduction for health care premiums.

The employee may contest the income withholding for health care premiums based on a mistake of fact by objecting within 20 days after the receipt of the notice to the court or its representative. Notice of the objection should be provided to the agency that sent the notice. However, the employer must immediately initiate withholding for insurance premiums and forward the notice to the Health Plan Administrator in accordance with the instructions included with the notice while the employee's objection is being reviewed. OCSE, or the other state child support agency that issued the order, will notify the employer when the matter is resolved.

Worker's Compensation Reporting

When an employee files a worker's compensation claim, you are required to ask the employee if he or she has a child support obligation, if the obligation is current or past due, and to whom the obligation is payable. Request that the employee fill out the Worker's Compensation Reporting Form (Attachment 7). You are then required to forward the information to OCSE Central Registry, P.O. Box 8133, Little Rock, AR 72203.

The Arkansas Child Support Clearinghouse

State and federal law requires that OCSE operate a centralized collection and disbursement unit, the Arkansas Child Support Clearinghouse (Clearinghouse), for all child support payments. The Clearinghouse will provide one location for employers to submit one check for all Arkansas child support orders. Spousal support payments (alimony) are to be sent to the Clearinghouse **ONLY** if the order directing the payment of alimony also contains a provision for child support. All child support or spousal support payments should be properly identified with the following information:

- OCSE case identification number (9 digit number, no alpha characters)
- Federal Employer Identification Number (FEIN)
- Employee name
- Amount withheld
- Social security number of employee/obligor
- When appropriate, notice of employee termination
- Name of custodial parent

Payments made by check or Money Order should be mailed to:

Arkansas Child Support Clearinghouse
P. O. Box 8125
Little Rock, AR 72203

Employers will receive an Employer Billing Notice and Employer Billing List listing all of their employees known to have an income withholding order for child support. The number of transmittals you receive each month depends on the frequency of your pay periods. You may send one check for all withholdings. Complete the Employer Billing List by providing:

- The amount sent per case.
- Add any employees not already listed; be sure to complete all information for each person added at the end of the list.
- Complete the Employer's Information Sheet For Setting Up a New Child Support Case ONLY if the request to withhold came from a person or agency other than a state child support agency.

If you have questions or need assistance with changes to the Employer Billing List, contact the Employer Relations Department at 1-800-216-0224.

Child support payments can be sent to the Clearinghouse by Electronic Funds Transfer from your bank. The Clearinghouse accepts funds transferred in the CCD+ and CTX formats. If you are interested in sending your payments electronically please contact the Employer Relations Department EFT Specialist at 501-683-0277 or 1-800-216-0224 for complete format information and case reconciliation.

OCSE WebPay

Employers can now make payments online using OCSE Web Pay. If you need assistance while entering data or setting up your account, contact the Arkansas Clearinghouse Employer Relations Unit: 1-800-216-0224.

Questions & Answers

How will I receive notice, and when do I begin to withhold from wages?

The Arkansas Office of Child Support Enforcement will send the notice by regular mail to your company. Notice may also be sent by a party to the legal action, a private attorney, or a child support enforcement agency in another state. By law you must begin the withholding no later than the first pay period that occurs after 14 days following the date the notice was mailed. (Ark. Code Ann. § 9-14-222)

What if the employee tells me the amount claimed is wrong and that I do not need to withhold?

The law requires you to withhold until notified to stop or modify the withholding by the court or its representative. If you do not withhold as instructed in the order/notice, you may be liable for the full amount that should have been withheld. Ark. Code Ann. § 9-14-240 allows for termination of income withholding upon proper notice. If the employee disputes the withholding, refer the employee to his attorney, the Arkansas Office of Child Support Enforcement, or the agency named in the notice.

In addition to wages, we periodically pay our employees a sales commission or bonus. Do I have to withhold child support from this commission?

Yes. The law specifies that any “money, income or periodic earnings” be subject to income withholding.

Sometimes an employee already has a wage attachment against his/her paycheck. How do I handle this situation?

State law requires that child support withholding take priority over all other claims against the same wages.

What happens if the employee files bankruptcy?

If income withholding is in place when an employee files bankruptcy, the wage withholding continues. However, if you receive a wage withholding notice for an employee who has already filed bankruptcy, you must notify OCSE that the employee has filed bankruptcy and wait for further instructions before withholding child support or medical payments.

I feel sorry for my employee and want to intercede with OCSE. Can I do this?

OCSE is governed by strict confidentiality rules. We have disclosed to you that your employee owes child support for the sole purpose of getting you to withhold from the employee’s paycheck. We can’t discuss any other details of the employee’s case with you without the employee’s written authorization.

What is my employee is called up for Active Duty?

You may have an employee who is called to active military duty. For those reservists who owe child support, it would be helpful if you would:

- Contact the child support agency that issued the income withholding order,
- Tell them that your employee/reservist has been called up to military duty,
- Provide the date of activation.

The child support agency can then issue a new income withholding order to the military service branch. By providing this information, you are helping your employee avoid lapses in payment to his or her children while serving our country.

What if the employee quits the job?

Continue to withhold through the final paycheck and notify the agency named in the notice. If you know the employee’s new address or employer, please provide this information.

What happens if I got a withholding notice for someone who doesn’t work here?

Return the notice, along with a letter, to the agency that sent it to you. If the noncustodial parent was previously an employee and is now not working for you, please indicate that in the letter and inform us of the termination date, forwarding address in your file, or any other information you

may have that would help OCSE locate the former employee. If the noncustodial parent has never worked for your company, please state that in your letter.

How often do I forward the money? May I send a check for more than one employee?

You must forward the money each payday. You may combine payments from more than one employee as long as each payment is properly identified.

May I withhold a fee for processing and withholding the money?

Yes, you may charge a fee for the administrative processing of the withholding of no more than \$2.50 per withholding, if available, from the employee's salary dependent upon CCPA limits. Child support takes priority over all other deductions against the same money.

Can I dismiss or refuse to hire someone with a payroll deduction or other withholding for child support or medical support?

No. State law prohibits you from refusing to hire, dismissing, or otherwise disciplining an employee because of a wage withholding for child support. Immediate wage withholding was initiated on October 1, 1989, to ensure payment on a regular basis. There is no stigma attached to it. You may receive a fine or other penalty for refusing to hire or for dismissing an individual because of wage withholding for child support or medical insurance premiums.

I have received an order to enroll an employee's dependents in our medical insurance plan. What do I do if our insurance company will not enroll the child in the plan?

Ark. Code Ann. § 9-14-503 prohibits an insurance company from refusing to enroll children upon request in the health plan of a noncustodial parent. If this occurs, you should contact OCSE.

What if the insurance company requires the permission of the employee before they will add any dependents to the policy?

Ark. Code Ann. § 9-14-503 and Ark. Code Ann. § 9-14-511 allows insurance companies to add dependents upon receipt of notice from the Office of Child Support Enforcement. If your insurance company has questions, refer them to OCSE.

What if our insurance plan requires the employee to pay a premium for dependents?

Withhold the premium from the employee's wages and forward the National Medical Support Notice to the health plan administrator within 20 business days so that the employee's children can be enrolled. Forward the premium to the insurance company. Do not take the premium from the funds withheld for child support. (Ark. Code Ann. § 9-14-501 et seq.)

If the court orders an employee to pay an amount of child support monthly and our company pays each week or every two weeks, how do we convert the amount to match our pay periods?

The easiest way to calculate how much should be withheld is to convert the support amount to an annual amount, then divide by the number of pay periods in a year.

What if the amount billed for income withholding does not match the court order?

Most court orders contain a provision requiring the employer to withhold an additional 10% to be applied toward child support arrears. There was a recent change to the law and in some cases the amount may now be 20%. For example, if the noncustodial parent owes \$56.00 per week and there are arrears owed, the total due would be \$61.60 (\$56.00 for current support and \$5.60 for arrears). If the amount billed is more than 20% please contact the agency that originated the wage withholding notice.

Attachment 1

Arkansas New Hire Reporting Form

Send completed form to:

Arkansas New Hire Reporting Center

PO BOX 2540

LITTLE ROCK, AR 72203

Or fax to: 1-800-259-3562

For more information: 1-800-259-2095

Employer Information(Please Print or Type)

**Federal Employer
Identification Number**

Employer Name

Street Address

City/State/Zip Code

Contact Phone/Name

Name

Name

SSN

SSN

Address

Address

City/State/Zip

City/State/Zip

Optional fields

Date of birth

Date of birth

Date of hire

Date of hire

State of hire

State of hire

Employee Information

Name

Name

SSN

SSN

Address

Address

City/State/Zip

City/State/Zip

Optional fields

Date of birth

Date of birth

Date of hire

Date of hire

State of hire

State of hire

<input type="checkbox"/> Original <input type="checkbox"/> Amended <input type="checkbox"/> Termination Date: _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT </div> <div style="border: 1px solid black; padding: 5px;"> NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT </div>
State/Tribe/Territory ARKANSAS	
City/Co./Dist./Reservation _____	
<input type="checkbox"/> Non-governmental entity or Individual	
OCSE Case Number _____	
RE: _____	
Employer's/Withholder's Name _____ Employer's/Withholder's Address _____	Employee's/Obligor's Name (Last,First,MI) _____ Employee's/Obligor's Social Security Number _____ Employee's/Obligor's Case Identifier _____
Employer's/Withholder's Federal EIN Number (if known) _____	Obligor's Name (Last,First,MI) _____

ORDER INFORMATION: This document is based on the support or withholding order from _____. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$	Per	current child support		
\$	Per	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> yes	<input type="checkbox"/> no
\$	Per	current cash medical support		
\$	Per	past-due cash medical support		
\$	Per	spousal support		
\$	Per	past-due spousal support		
\$	Per	other (specify)		
for a total of \$		Per	to be forwarded to the payee below.	

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$	per weekly pay period.	\$	per semimonthly pay period (twice a month).
\$	per biweekly pay period (every two weeks).	\$	per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is Arkansas, begin withholding no later than the first pay period occurring 14 days after the date of _____. Send payment within _____ working days of the pay date/date of withholding. The total withheld amount, including your fee, may not exceed _____ of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not Arkansas, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #3 and #9, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

Make check payable to: Office of Child Support Enforcement
Payee and Case Identifier

Send check to:
Arkansas Child Support Clearinghouse
P.O. Box 8125
Little Rock, Arkansas 72203

If remitting payment by EFT/EDI, call 1-800-216-0224 before first submission. Use this FIPS code:

Bank routing number: _____ Bank account number: _____

If this is an Order/Notice to Withhold:

If this is a Notice of an Order to Withhold:

Print Name _____	Print Name _____
Title of Issuing Official _____	Title (if appropriate) _____
Signature and Date _____	Signature and Date _____

☒ IV-D Agency ☐ Court ☐ Attorney ☐ Individual ☐ Private Entity

☐ Attorney with authority under state law to issue order/notice

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

OMB 0970-0154

Attachment 2a

ADDITIONAL INFORMATION TO EMPLOYERS AND WITHHOLDERS

☐ If checked you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.

1. **Priority:** Withholding under this Order or Notice has priority over any other legal process under state law (or tribal law, if applicable) against the same income. If there are federal tax levies in effect, please notify the contact person listed below. (See 10 below.)
2. **Combining Payments:** You may combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.
4. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See 9 below.)

5. **Termination Notification:** You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.)

THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR:

CASE IDENTIFIER:

EMPLOYEE'S/OBLIGOR'S NAME:

DATE OF SEPARATION FROM EMPLOYMENT:

LAST KNOWN HOME ADDRESS:

NEW EMPLOYER/ADDRESS: _____

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.
7. **Liability:** If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure.

8. **Anti-Discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

9. **Withholding Limits:** For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection ACT (15 U.S.C § 1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: state, federal, local taxes, Social Security taxes, statutory pension contributions, and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.

**Child(ren)'s Names and
Additional Information:**

10. If you or your employee/obligor have any questions, contact:
by telephone at _____ or by Fax at _____
or by internet at _____

Attachment 3

**Employer's Information Sheet For
Setting Up A New Child Support Case**

If you are submitting payment to the Office of Child Support Enforcement (OCSE) for the first time on a new case, you must complete and send this form along with your payment, payment processing coupon and employer billing list to the address below. Complete this form **ONLY** if the request for withholding was made by a person or agency other than OCSE.

Employee Name		Employee SSN
Address		
Child Support Court Docket Number		County of Court
Employer's Name and Address		FEIN
Employer's Telephone Number	Employer's Fax Number	
Amount Withheld	Pay Period	
Employee pays: <input type="checkbox"/> Child Support Only <input type="checkbox"/> Alimony and Child Support as part of the same court order (Alimony is to be paid to the Circuit Clerk unless Child Support is also part of the order.)		

Custodial Parent Information

Custodial Parent Name	
Custodial Parent's SSN	
Custodial Parent's Address, include Street, Apt#, City, State, Zip	
Custodial Parent's Telephone Number	
Children Names	

**Arkansas Child Support Clearinghouse, P. O. Box 8125, Little Rock, AR 72203,
Phone: 501-683-7911 in Little Rock or 1-866-428-8382 outside Little Rock.**

Wage Withholding Worksheet

Employee's Name: _____

Date: _____

1. Enter employee's gross earnings for this pay period. 1. _____

2. Calculate excluded amounts:

2a. _____ Federal Income Tax

2b. _____ FICA

2c. _____ State Income Tax

2d. _____ Medicare Tax

ADD lines 2a through 2d and enter total excluded amounts 2. _____

3. Figure disposable earnings (subtract Line 2 from Line 1) 3. _____

4. Enter amount of support for this pay period (see Order) 4. _____

5. Compute maximum withholding

5a. _____ Disposable earnings from Line 3

5b. _____ % Maximum Percentage that can be withheld as shown on the order.

MULTIPLY Lines 5a and 5b and enter maximum withholding 5. _____

6. If Line 4 is less than Line 5 (child support less than maximum)
enter amount from Line 4 and **WITHHOLD THIS AMOUNT** * 6. _____7. If Line 4 is more than Line 5 (child support more than maximum)
enter amount from Line 5 and **WITHHOLD THIS AMOUNT** * 7. _____

Special instructions apply when an employer has more than one court order for an employee. Use the "Amount Due to Each Family" worksheet to calculate current support, payments on arrearages due to each family, or costs due to the State.

Amount Due to Each Family Worksheet

If you receive more than one withholding order for the same employee and there are not enough wages to cover the total of all withholding orders, State law requires that each family receive a pro-rata share of the amount of wages available for withholding.

1. Enter the amount available for withholding 1. _____

2. Calculate the total amount to be withheld from all orders
 - 2a. Family A _____
 - 2b. Family B _____
 - 2c. Family C _____
 - 2d. Family D _____

Total lines 2a through 2d

2. _____

3. Calculate the pro-rata share (percentage) of each order
 - 3a. Line 2a ÷ Line 2 = _____%
 - 3b. Line 2b ÷ Line 2 = _____%
 - 3c. Line 2c ÷ Line 2 = _____%
 - 3d. Line 2d ÷ Line 2 = _____%

4. Calculate the amount due to each family

Line 1 X Line 3a = \$ _____ due to Family A
 Line 1 X Line 3b = \$ _____ due to Family B
 Line 1 X Line 3c = \$ _____ due to Family C
 Line 1 X Line 3d = \$ _____ due to Family D

This form may be used to calculate current support, payments on arrears due to each family or payments for costs due to the State when the total wages available are not enough to cover the total amount to be withheld.

Attachment 6

**NATIONAL MEDICAL SUPPORT NOTICE
PART A**

NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency: _____ Issuing Agency Address: _____ _____ Date of Notice: _____ Case Number: _____ Telephone Number: _____ FAX Number: _____	Court or Administrative Authority: _____ Date of Support Order: _____ Support Order Number: _____
--	---

_____)
Employer/Withholder's Federal EIN Number

RE* _____
Employee's Name (Last, First, MI)

_____)
Employer/Withholder's Name

_____)
Employee's Social Security Number

_____)
Employer/Withholder's Address

_____)
Employee's Mailing Address

_____)
Custodial Parent's Name (Last, First, MI)

_____)
Custodial Parent's Mailing Address

_____)
Substituted Official/Agency Name and Address

_____)
Child(ren)'s Mailing Address (if different from Custodial Parent's)

_____)
_____)
_____)
Name, Mailing Address, and Telephone
Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN	Child(ren)'s Name(s)	DOB	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The order requires the child(ren) to be enrolled in ☐ any health coverages available; or ☐ only the following coverage(s): ☐ Medical; ☐ Dental; ☐ Vision; ☐ Prescription drug; ☐ Mental health; ☐ Other (specify): _____

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB control number: 0970-0222 Expiration Date: 12/31/2003.

Attachment 6a

EMPLOYER RESPONSE

If either 1, 2, or 3 below applies, check the appropriate box and return this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable. **NO OTHER ACTION IS NECESSARY.** If neither 1, 2, nor 3 applies, forward Part B to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. Check number 4 and return this Part A to the Issuing Agency if the Plan Administrator informs you that the child(ren) is/are enrolled in an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization.

- ☐ 1. Employer does not maintain or contribute to plans providing dependent or family health care coverage.
- ☐ 2. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes.
- ☐ 3. Health care coverage is not available because employee is no longer employed by the employer:

Date of termination: _____

Last known address: _____

Last known telephone number: _____

New employer (if known): _____

New employer address: _____

New employer telephone number: _____

- ☐ 4. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.

Employer Representative:

Name: _____ Telephone Number: _____

Title: _____ Date: _____

EIN (if not provided by Issuing Agency on Notice to Withhold for Health Care Coverage): _____

INSTRUCTIONS TO EMPLOYER

This document serves as notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice.

The document consists of **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and **Part B - Medical Support Notice to the Plan Administrator**, which must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child(ren).

EMPLOYER RESPONSIBILITIES

1. If the individual named above is not your employee, or if family health care coverage is not available, please complete item 1, 2, or 3 of the Employer Response as appropriate, and return it to the Issuing Agency. NO FURTHER ACTION IS NECESSARY.
2. If family health care coverage is available for which the child(ren) identified above may be eligible, you are required to:
 - a. Transfer, not later than 20 business days after the date of this Notice, a copy of **Part B - Medical Support Notice to the Plan Administrator** to the administrator of each appropriate group health plan for which the child(ren) may be eligible, and
 - b. Upon notification from the plan administrator(s) that the child(ren) is/are enrolled, either
 - 1) withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or
 - 2) complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.
 - c. If the plan administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B** of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), notify the plan administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.

LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed ____% of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., section 1673(b));
2. The amounts allowed by the State of the employee's principal place of employment; or

Attachment 6c

3. The amounts allowed for health insurance premiums by the child support order, as indicated here:_____.

The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; and Medicare taxes.

PRIORITY OF WITHHOLDING

If withholding is required for employee contributions to one or more plans under this notice and for a support obligation under a separate notice and available funds are insufficient for withholding for both cash and medical support contributions, the employer must withhold amounts for purposes of cash support and medical support contributions in accordance with the law, if any, of the State of the employee's principal place of employment requiring prioritization between cash and medical support, as described here:_____.

DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents under the terms of the plan. Coverage of a child as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA may entitle the child to continuation coverage under the plan. The employer must continue to withhold employee contributions and may not disenroll (or eliminate coverage for) the child(ren) unless:

1. The employer is provided satisfactory written evidence that:
 - a. The court or administrative child support order referred to above is no longer in effect; or
 - b. The child(ren) is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan; or
2. The employer eliminates family health coverage for all of its employees.

POSSIBLE SANCTIONS

An employer may be subject to sanctions or penalties imposed under State law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income, or transmit such withheld amounts to the applicable plan(s) as the Notice directs.

NOTICE OF TERMINATION OF EMPLOYMENT

In any case in which the above employee's employment terminates, the employer must promptly notify the Issuing Agency listed above of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of any notice the employer is required to provide under the continuation coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

EMPLOYEE LIABILITY FOR CONTRIBUTION TO PLAN

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilities in this Notice until notified by the Issuing Agency to discontinue withholding. To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address and telephone number listed on the Notice. With respect to plans subject

Attachment 6d

to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above.

PART B

MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: _____ Issuing Agency Address: _____ _____ Date of Notice: _____ Case Number: _____ Telephone Number: _____ FAX Number: _____	Court or Administrative Authority: _____ Date of Support Order: _____ Support Order Number: _____
--	---

_____))
 Employer/Withholder's Federal EIN Number

RE* _____
 Employee's Name (Last, First, MI)

_____))
 Employer/Withholder's Name

 Employee's Social Security Number

_____))
 Employer/Withholder's Address

 Employee's Address

_____))
 Custodial Parent's Name (Last, First, MI)

_____))
 Custodial Parent's Mailing Address

 Substituted Official/Agency Name and Address

_____))
 Child(ren)'s Mailing Address (if Different from Custodial
 Parent's)

_____))
 _____)
 _____)

Name(s), Mailing Address, and Telephone
 Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN	Child(ren)'s Name(s)	DOB	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The order requires the child(ren) to be enrolled in ☐ any health coverages available; or ☐ only the following coverage(s): __medical; __dental; __vision; __prescription drug; __mental health; __other (specify): _____

Attachment 6f

PLAN ADMINISTRATOR RESPONSE

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice, or sooner if reasonable)

This Notice was received by the plan administrator on_____.

☐ 1. This Notice was determined to be a "qualified medical child support order," on _____. Complete **Response 2 or 3, and 4**, if applicable.

2. The participant (employee) and alternate recipient(s) (child(ren)) are to be enrolled in the following family coverage.

- ☐ a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
- ☐ b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
- ☐ c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled in the same option.
- ☐ d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Coverage is effective as of __/__/____(includes waiting period of less than 90 days from date of receipt of this Notice). The child(ren) has/have been enrolled in the following option: _____. Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

☐ 3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is returned, the child(ren), and the participant if necessary, will be enrolled in the plan's default option, if any: _____.

☐ 4. The participant is subject to a waiting period that expires __/__/____ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____). At the completion of the waiting period, the plan administrator will process the enrollment.

☐ 5. This Notice does not constitute a "qualified medical child support order" because:

- ☐ The name of the ☐ child(ren) or ☐ participant is unavailable.
- ☐ The mailing address of the ☐ child(ren) (or a substituted official) or ☐ participant is unavailable.
- ☐ The following child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan _____ (insert name(s) of child(ren)).

Plan Administrator or Representative:

Name: _____ Telephone Number: _____

Title: _____ Date: _____

Address: _____

Attachment 6g

INSTRUCTIONS TO PLAN ADMINISTRATOR

This Notice has been forwarded from the employer identified above to you as the plan administrator of a group health plan maintained by the employer (or a group health plan to which the employer contributes) and in which the noncustodial parent/participant identified above is enrolled or is eligible for enrollment.

This Notice serves to inform you that the noncustodial parent/participant is obligated by an order issued by the court or agency identified above to provide health care coverage for the child(ren) under the group health plan(s) as described on **Part B**.

(A) If the participant and child(ren) and their mailing addresses (or that of a Substituted Official or Agency) are identified above, and if coverage for the child(ren) is or will become available, this Notice constitutes a “qualified medical child support order” (QMCSO) under ERISA or CSPIA, as applicable. (If any mailing address is not present, but it is reasonably accessible, this Notice will not fail to be a QMCSO on that basis.) You must, within 40 business days of the date of this Notice, or sooner if reasonable:

(1) Complete Part B - Plan Administrator Response - and send it to the Issuing Agency:

(a) if you checked Response 2:

(i) notify the noncustodial parent/participant named above, each named child, and the custodial parent that coverage of the child(ren) is or will become available (notification of the custodial parent will be deemed notification of the child(ren) if they reside at the same address);

(ii) furnish the custodial parent a description of the coverage available and the effective date of the coverage, including, if not already provided, a summary plan description and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits;

(b) if you checked Response 3:

(i) if you have not already done so, provide to the Issuing Agency copies of applicable summary plan descriptions or other documents that describe available coverage including the additional participant contribution necessary to obtain coverage for the child(ren) under each option and whether there is a limited service area for any option;

(ii) if the plan has a default option, you are to enroll the child(ren) in the default option if you have not received an election from the Issuing Agency within 20 business days of the date you returned the Response. If the plan does not have a default option, you are to enroll the child(ren) in the option selected by the Issuing Agency.

(c) if the participant is subject to a waiting period that expires more than 90 days from the date of receipt of this Notice, or has not completed a waiting period whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Response 4 on the Plan Administrator Response and return to the employer and the Issuing Agency, and notify the participant and the custodial parent; and upon satisfaction of the period or requirement, complete enrollment under Response 2 or 3, and

(d) upon completion of the enrollment, transfer the applicable information on Part B - Plan Administrator Response to the employer for a determination that the necessary employee contributions are available. Inform the employer that the enrollment is pursuant to a National Medical Support Notice.

(B) If within 40 business days of the date of this Notice, or sooner if reasonable, you determine that this Notice does not constitute a QMCSO, you must complete Response 5 of Part B - Plan Administrator Response and send it to the Issuing Agency, and inform the noncustodial parent/participant, custodial parent, and child(ren) of the specific reasons for your determination.

Attachment 6h

(C) Any required notification of the custodial parent, child(ren) and/or participant that is required may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate.

UNLAWFUL REFUSAL TO ENROLL

Enrollment of a child may not be denied on the ground that: (1) the child was born out of wedlock; (2) the child is not claimed as a dependent on the participant's Federal income tax return; (3) the child does not reside with the participant or in the plan's service area; or (4) because the child is receiving benefits or is eligible to receive benefits under the State Medicaid plan. If the plan requires that the participant be enrolled in order for the child(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren). All enrollments are to be made without regard to open season restrictions.

PAYMENT OF CLAIMS

A child covered by a QMCSO, or the child's custodial parent, legal guardian, or the provider of services to the child, or a State agency to the extent assigned the child's rights, may file claims and the plan shall make payment for covered benefits or reimbursement directly to such party.

PERIOD OF COVERAGE

The alternate recipient(s) shall be treated as dependents under the terms of the plan. Coverage of an alternate recipient as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA or other applicable law may entitle the alternate recipient to continue coverage under the plan. Once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:

- (1) The plan administrator is provided satisfactory written evidence that either:
 - (a) the court or administrative child support order referred to above is no longer in effect, or
 - (b) the alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
- (2) The employer eliminates family health coverage for all of its employees; or
- (3) Any available continuation coverage is not elected, or the period of such coverage expires.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above.

Paperwork Reduction Act Notice

The Issuing Agency asks for the information on this form to carry out the law as specified in the Employee Retirement Income Security Act or the Child Support Performance and Incentive Act, as applicable. You are required to give the Issuing Agency the information. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Issuing Agency needs the information to determine whether health care coverage is provided in accordance with the underlying child support order. The Average time needed to complete and file the form is estimated below. These times will vary depending on the individual circumstances.

<u>Learning about the law or the form</u>		<u>Preparing the form</u>
First Notice	1 hr.	1 hr., 45 min.
Subsequent Notices	-----	35min.

Attachment 7

WORKER'S COMPENSATION REPORTING FORM

Ark. Code Ann. 11-9-115 requires applicants for Worker's Compensation to divulge child support obligations. Please provide the information requested below. Your current employer is responsible for mailing this notice to the local child support office.

Complete each section as appropriate.

Your Name

Date

Current Address

Telephone Number

Do you owe current or past due child support? If yes, complete all questions below. List every child support payee, case number, and the address where the payments are mailed.

Payee

OCSE Case Number

Address: _____

Payee

OCSE Case Number

Address: _____

Payee

OCSE Case Number

Address: _____

Worker's Compensation Carrier

Telephone Number

Address _____

Current Employer

Current Employer's Address

Employer's Telephone Number

Date:

EMPLOYER NOTICE OF PAYMENT REDIRECTION

Re:

IV-D Case Number: _____

Docket Number:

IMPORTANT - RECORD THIS NUMBER

This number must accompany all Inquires and Payments

SSN:

Dear Employer:

Ark. Code Ann. § 9-14-802 provided for the establishment of a central payment clearinghouse designated as the site to receive all IV-D child support payments. All payments on the above employee's court ordered wage withholding are to be mailed to:

Arkansas Child Support Clearinghouse
P. O. Box 8125
Little Rock, AR 72203

Please remit payment made payable to Office of Child Support Enforcement (OCSE). Federal and State laws require that you must send the following information each payment:

IV-D Case Number:	Referenced above
Employer Identification Number (EIN)	Federal Employer Identification
Number	
Employee Name:	First, Middle, and Last Name
Amount withheld:	Dollars withheld for the employee
Payment Frequency	Weekly, B-Weekly, Semi-Monthly,
or	monthly
Withholding Date:	Date when payment was withheld
from	employee's pay
Social Security Number:	Employee's Social Security Number
Medical Support Indicator:	Is medical coverage available for the
	employee's dependents?

- ☐ If you no longer employ the individual named above, please check this box and return this notice to us at the Clearinghouse Post Office Box specified above.

This notice affects the above referenced case only. The Clearinghouse will be the permanent site for receiving and processing payments on this case as long as child support continues to be owed.

Please direct any questions you may have to: 1-800-216-0224. Thank you for your cooperation.